

CLASS C REINSTATEMENT FORM

227401  
227402

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

RECEIVED  
DEC 21 2010  
PSC SC  
CLERK'S OFFICE

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 12-22-10

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☒ Charter Certificate Number 6702-B
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

Docket 1999-20-T

2010-295-T  
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DEC 22 2010

ORS  
T.T.W.W/W

My certificate was revoked/cancelled on 12-17-10 because \_\_\_\_\_

(DATE)

Failure to file Transportation Carriers Annual report.

I am seeking reinstatement because All required documents have been filed

Carolina Chauffeurs Service, LLC DBA \_\_\_\_\_  
(Name of Company) (if applicable)

1040-B Gardner Rd  
(Street Address)

PO Box 80986 CHAS SC 29416  
(Mailing Address if different from Street Address)

Charleston SC 29407  
(City, State, Zip Code)

Thom M. [Signature]  
(Signature)

843-763-6300  
(Telephone Number)

Owner  
(Title) Owner, President, etc.

# Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VEHICLES  
OF

*Carolina Chauffeur Service LLC*

Exact Legal Name of Respondent

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DEC 22 2010

PSC/ORS Number (leave blank)

ORS  
T.T.W.W/W

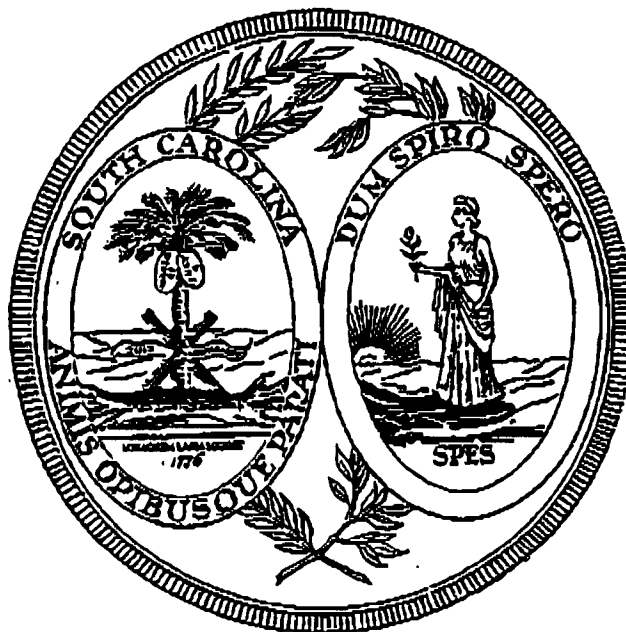
*Carrier filing for reinstatement*

**FOR THE YEAR ENDED 2009**

☐ Calendar Year Ending December 31, 2009

or

☐ Fiscal Year Ending \_\_\_\_\_



### Company Officers

Title of Officer	Name of Person Holding Office
President	Kevin M Wesley
Vice-President	Priscilla Wesley
Secretary	
Treasurer	
Gen. Manager or Supt.	

### Contact Information (If different from above)

Contact Name:	_____		
Title:	_____		
Street Address:	_____		
City:	State:	Zip:	
Telephone Number: (____) _____		E-mail: _____	